



CAPACITY RESERVE CERTIFICATE APPLICATION

MVMC 16.30 states, “Prior to issuing any permit for non-exempt development activity the Public Works Director shall determine if capacity exists on the road facilities to permit the proposed development activity.”

FILE #:	DATE:
Project Name:	
Project Location:	
OWNER	APPLICANT
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
E-mail:	E-mail:
PROJECT CONTACT	PROPERTY LEGAL DESCRIPTION
Name:	
Address:	
City/State/Zip:	
Phone:	TAX PARCEL NUMBER(S)
E-mail:	
PROJECT INFORMATION	
ITE LAND USE CODE	
TRIP RATE	
TRIP GENERATION	
<p>By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best Of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner’s authorized Agent. I further agree to hold harmless the City of Maple Valley as to any claim (including costs, expenses, and attorney’s fees incurred In the investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Maple Valley, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the Information provided to the City as a part of this application.</p>	
<hr style="width: 40%; margin: 10px auto;"/> Signature of Owner*	<hr style="width: 40%; margin: 10px auto;"/> Printed Name of Signer
<p><i>*If signed by other than owner, attach proof of agency.</i></p>	
Concurrency Application Fees Paid:	Date:
Receipt #:	